



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

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Child's Name

I \_\_\_\_\_ do hereby authorize and instruct  
Parent's Name  
the Hamilton Area YMCA to administer the following medication.

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Medication

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Dosage and Time (s)

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Signature of Parent

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Parent Emergency Contact

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Name and Phone Number of Physician

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Signature of Physician (signature not needed for non-prescription medication)

**\*\*\* Please Note \*\*\***

- 1 This form must be completed and presented to the Camp Director
- 2 Medication must be in original container that indicates the name of the child, name of the physician, and dosage indicated.
- 3 The medication must be current and not expired.
- 4 All medication must be given to the Camp Director
- 5 The Camp Director may not accept medication to be administered
- 6 Please label OTC medications with campers name and dosage
- 7 We **cannot** store medication for more than 3 days. If a camper is not attending the following week, all medication must be picked up at the end of the day on Friday.
- 8 Campers **cannot** self medicate
- 9 All meds not picked up by September 15 will be disposed.

12/11/18